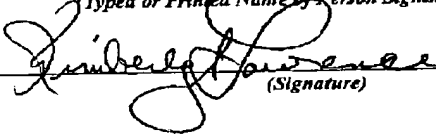
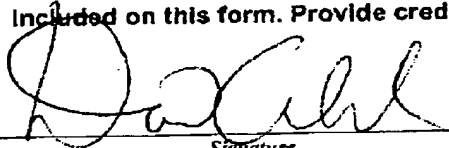


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|---|--------------------------|-----------------------------|---|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) | | | Docket No. 125974/GEM-0053 |
| Applicant(s): Darin K. Okerlund | | | |
| Application No. 10/065,595 | Filing Date 11/1/2002 | Examiner Shaw, Shawna J. | Group Art Unit 3737 |
| Invention: METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING | | | RECEIVED CENTRAL FAX CENTER MAR 03 2005 |
| <p>I hereby certify that this <u>Amendment Transmittal (1p), Amendment Under 37 CFR 1.111 (19s) Total pages=21ps</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>March 3, 2005</u> (Date)</p> <p style="text-align: center;">Kimberly A. Lawrence (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p> | | | |

P18/REV02

| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. | |
|---|-------------------------------------|-----------------------------|---|------------------------|--------------------------|--|
| Applicant(s): Darin K. Okerlund | | | | | 125974/GEM-0053 | |
| Application No. 10/065,595 | Filing Date 11/1/2002 | Examiner Shaw, Shawna J. | Customer No. 23413 | Group Art Unit 3737 | Confirmation No. 2440 | |
| Invention: METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 35 - | 33 = | 2 | x \$50.00 | \$100.00 | |
| INDEP. CLAIMS | 3 - | 4 = | 0 | x \$200.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$100.00 | |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-0845 in the amount of \$100.00 <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div> | | | | | | |
| <div style="text-align: center;"> Signature</div> <div>David Arnold Registration No. 48,894 Cantor Colburn 55 Griffin Road South Bloomfield, CT 06002 phone: 860-286-2929 fax: 860-286-0115</div> | | | Dated: March 3, 2005 | | | |
| cc: | | | <div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="text-align: center; margin-top: 10px;">(Date)</div> <div style="text-align: center; margin-top: 10px;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div> | | | |
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P111LARGE/REV08

Appln. No. 10/065,595
Docket No. 125974/GEM-0053

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|-------------|-------------------|---|-------------------|-----------------|
| Appln. No.: | 10/065,595 | : | Confirmation No.: | 2440 |
| Applicant: | Darin R. Okerlund | : | Group Art Unit: | 3737 |
| Filed: | November 1, 2002 | : | Examiner: | Shaw, Shawna J. |
| Docket No.: | 125974/GEM-0053 | : | | |

For: **METHOD AND APPARATUS FOR MEDICAL INTERVENTION
PROCEDURE PLANNING**

March 3, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 CFR 1.111

Sir:

This is in response under 37 CFR §1.111 to the Office Action dated December 9, 2004, issued in the above-identified application, wherein Applicant requests reconsideration and entry in view of the following amendment and remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to 703-872-9306 to the United States Patent and Trademark Office on the date shown below.

Kim Lawrence
Name

Kim Lawrence
Signature

3/3/2005
Date